

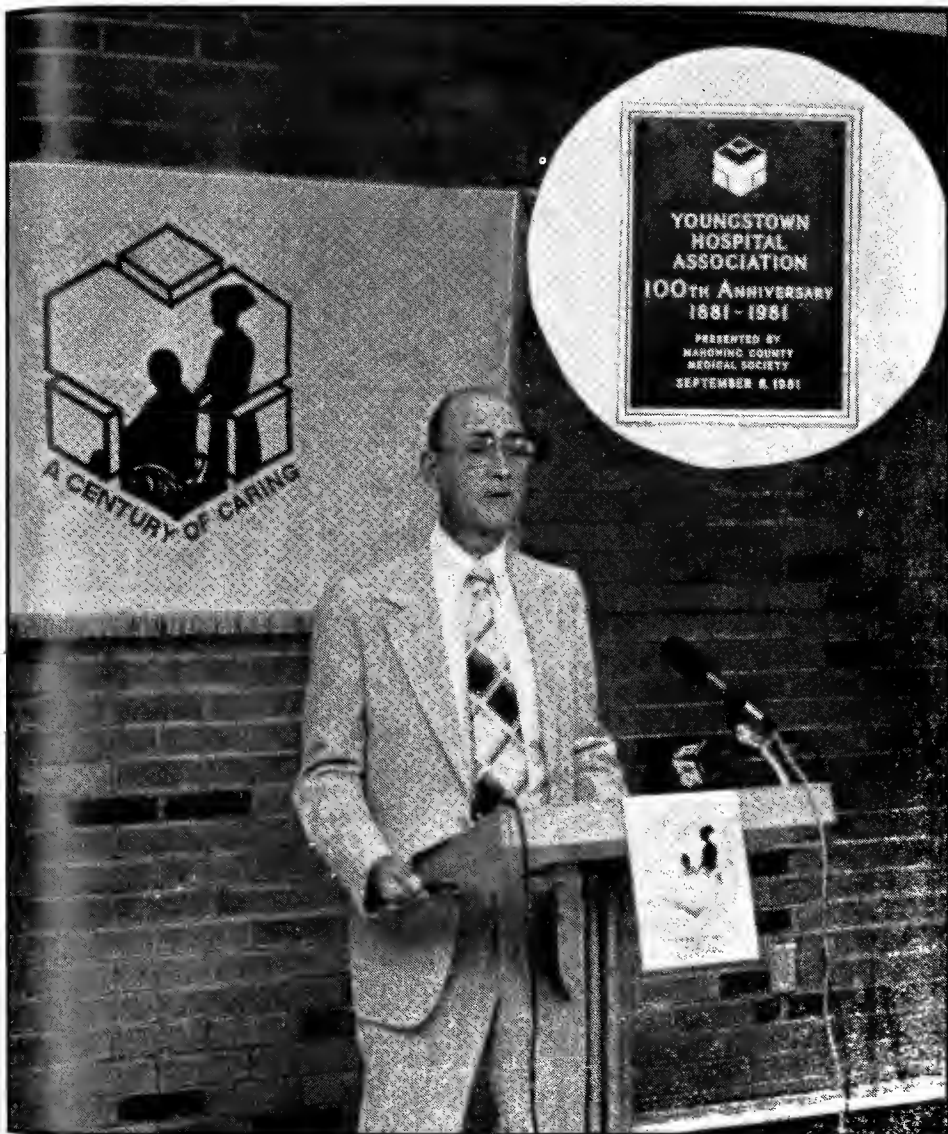
BULLETIN

of the
MAHONING COUNTY
MEDICAL SOCIETY

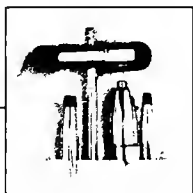
Volume LI

OCTOBER, 1981

Number 7



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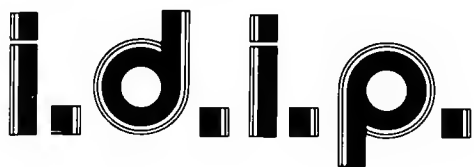
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1981 - MAHONING COUNTY MEDICAL SOCIETY MEETINGS - 1981

Tuesday	Tuesday	Tuesday	Tuesday	Tuesday	Tuesday
Jan. 20	Mar. 17	May 26	Sept. 15	Nov. 17	Dec. 15

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COVER PHOTO: Dr. Robert Kiskaddon, Society vice-president made the presentation of the plaque (inset) at the YHA 100th Anniversary kickoff.

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From the Desk of the President



"TRIUMPH AND TEARS"

The practice of medicine is certainly not the same today as that practiced many years ago. We have all heard these remarks before and usually nod in the affirmative and continue with what we are doing. Has the practice of medicine changed or has it only become more of a science and less an art?

The successful care of the patient is still the aim and goal of the physician, even though he does not make frequent house calls as he did in the past. It was customary when a patient was critically ill, and at home, for the physician to stay with the family giving them moral support, for there was nothing else to give. If the patient recovered from the crisis, the family and physician were elated as they had triumphed over sickness. On the other hand, however, if the patient died, the family and the physician were tearful and depressed with that inward sick feeling which we have all experienced.

In today's society the physician or surgeon is not at home holding the patient's hand and giving moral support. Instead the patient is in a modern hospital with all necessary supportive diagnostic and therapeutic machines and the use of this equipment is under the direct care of the physician or surgeon. Now, as the patient improves, the physician has a feeling of triumph just as his predecessor had. If all the systems fail, however, and the patient does not improve, that same inward sick feeling is experienced.

As one looks at the feeling of triumph or despair that the modern physician experiences, and compares these feelings with those of his counterpart, we find that the practice of medicine is the same today as it was years ago.

—D. J. DALLIS, M.D.,
President



BULLETIN

of the Mahoning County Medical Society

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July and August.*

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The opinions and conclusions expressed herein do not necessarily represent the views of the Editorial staff nor the official views of the Mahoning County Medical Society.

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Editorial

"THE JOURNAL of I TAKE IT BACK"

An article in the New England Journal of Medicine ("Coffee and Pancreatic Cancer") in March 12, 1981, concluded that "three or more cups of coffee per day may be associated with pancreatic carcinoma. This association, however, should be evaluated with other data . . . coffee use might account for a substantial proportion of the cases of this disease in the United States."¹ The next day, in all the major newspapers, the finding was reported; subsequently patients then were left with this information. On August 28, 1981, in the Journal of the American Medical Association this article was reviewed as an example of the "problems of etiologic science and epidemiologic case-control research."² The methodology of the March article was criticized, suggesting that the study design was not proper. Once the coffee and pancreatic carcinoma findings were deemed a surprise during a study of the relationship of alcohol and tobacco to pancreatic carcinoma, a separate case-control study should have been undertaken. Controls were not tightly selected, histologic material was not reviewed, prevalence and incidence notes were not reported, duration of coffee exposure was not stated, change of coffee intake pattern with illnesses were not studied as well as other study design deficits. Since proper use of statistical parameters were not used, the association of pancreatic carcinoma and coffee could not be concluded on the basis of the March article.

The publication of this article and its prompt rejection is a disturbingly common occurrence in case-control literature.

The question of coffee's pancreatic connection has become a secondary consideration. Of more importance is that the methods to attempt to answer the question are not understood by many investigators, editors, and readers. Researchers and students of research material need more exposure to statistical methods and study design. In the meantime, perhaps a new Journal could be started called "The Journal of I Take It Back". This way authors would have a means of erasure, editors could have a second chance to criticize articles, readers would know where to find out which information needs forgetting, and journalists would have a chance to see how many partial truths they have spread.

REFERENCES:

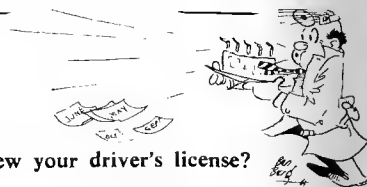
¹. B. MacMahon, M.D., Stella Yen, M.D., D. Trichopoulos, M.D., K. Warren, M.D., and G. Nardi, M.D. *Coffee and Cancer of the Pancreas*. The New England Journal of Medicine. March 12, 1981, pp 630-633.

². A. R. Feinstein, M.D., R. I. Horwitz, M.D., W. O. Spitzer, M.D., R. N. Battista, M.D. *Coffee and Pancreatic Cancer*. The Journal of the American Medical Association. August 28, 1981, pp 957-961.

—RICHARD A. MEMO, M.D.

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D. R. Brody
R. J. Broeker

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V. D. Lepore

November 6
L. O. Gregg

November 8
R. H. Wetzel

November 9
J. B. Bireh

November 10
N. K. Badjatia
J. C. Melnick

November 13
Mahoning County
Medical Society

November 14
G. Nagpaul
D. E. Pichette

November 15
J. S. Gregori
R. W. Juvancic
J. P. Kalfas

MEMBERS NAMED TO OSMA COMMITTEES

Six members of the Mahoning County Medical Society have been named to Committees of the Ohio State Medical Association recently by OSMA president Stewart B. Dunsker, M.D.

Dr. William E. Sovik is chairman of the Committee on Health Manpower and also serves on the OSMA-ONA Liaison Committee and the Committee on State Legislation. Dr. C. Edward Pichette also serves on the Committee on Health Manpower.

Dr. Lewis K. Reed is a member of the Subcommittee on Impaired Physicians. Dr. Robert V. Bruchs is on the Committee on Maternal and Neonatal Health. Dr. David H. Levy is a member of the Committee on Prisons and Jails. Dr. Michael J. Vuksta is a member of the Joint Advisory Committee on Sports Medicine. Dr. J. James Anderson is a member of the Committee on State Legislation.

In Memoriam

CHARLES A. McREYNOLDS, M.D.

Dr. Charles A. McReynolds, 73, died Sunday, September 20 in the Convalescent Pavilion, Jupiter, Fla. He was a retired general practitioner.

Dr. McReynolds moved to Lake Park, Florida nine years ago, after practicing medicine in Poland for 47 years. He was born in Tecumseh, Nebraska and received his undergraduate degree at Colorado Agricultural College in Fort Collins, Colorado. He received his medical degree from the University of Colorado at Denver.

Dr. McReynolds was a member of the Mahoning County Medical Society, the Ohio State and American Medical Association and other professional organizations.

* * * * *

FRED G. SCHLECHT, M.D.

Dr. Fred G. Schlecht, 66, died Wednesday, September 23 at Memorial Hospital in Sarasota, Florida. He was a physician and surgeon. He was president of the Mahoning County Medical Society in 1960.

Dr. Schlecht was born in Girard. He received his undergraduate degree in pharmacy at Ohio State University and graduated with honors from Ohio State University School of Medicine. He served his internship and residency with the Youngstown Hospital Association and maintained a private practice in Youngstown as a physician and surgeon. In 1973 he moved to Florida where he served on the staff at Port Charlotte Hospital.

Dr. Schlecht served in the Korean War as a captain in the Army Medical Corps.

He was past president of the Society and also served one term as president of the Youngstown Hospital Association. A former editor of the *Bulletin*, Dr. Schlecht was a member of Alpha Omega Alpha honorary medical fraternity; the Ohio, Florida and American Medical Associations; the American college of Surgeons, the American College of Emergency Physicians, the Society of Abdominal Surgeons, and the Zollinger Society.

* * * * *

NICHOLAS G. KASTELLORIOS, M.D.

1916 - 1981

Dr. Nicholas G. Kastellorios, 65, died Thursday, September 24 at St. Elizabeth Hospital Medical Center following a heart attack at home. He was an internal medicine specialist.

Dr. Kastellorios was born in Kalymos, Greece and came to Youngstown in 1956. He was a graduate of the University of Athens Medical School and was a physician in the Greek Army. He also had a private practice in Greece before coming to Youngstown.

He interned at Youngstown Hospital Association, served a residency in internal medicine at the St. Louis University Group of Hospitals, and had been a staff member at St. Elizabeth's since 1961.

Dr. Kastellorios was a member of the Mahoning County Medical Society, the Ohio State and American Medical Associations, the Order of AHEPA, GAPA Lodge, Kalymnion Society, and the Greek Orthodox Men's Society.

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From the Bulletin

FIFTY YEARS AGO — OCTOBER, 1931

Haven Emerson, the authority on preventative medicine, said that not one quarter of the expectant mothers of this country received any prenatal care.

The Health Department reported 107 cases of Tuberculosis, 1 Diphtheria, 3 Typhoid Fever, 2 Meningitis and 3 Poliomyelitis.

St. Elizabeth's Hospital announced new obstetrical rates: Ward bed 10 days \$60.00, semi-private room \$65.00. Ten days was the standard hospital stay.

FORTY YEARS AGO — OCTOBER, 1941

Dr. C. R. Clark, the preeminent clinician of that day had a leading article on "What Is the Interne For, Anyway?" He said that the members of the House Staff are very valuable extensions of our hands and feet, our eyes and brains in our care and treatment of our hospital patients. Our obligation to the Interne Staff is to help them learn, not formally, they have had a lot of that, but in our daily contacts by explanation and discussion, and chiefly by example in our methods, care, and interest. In all factors of the hospital "the patient comes first" and the hospital maintains the House Staff for the benefit of our patients, first for the better service we can render in diagnosis and treatment with their help, and second, assuring the community a constantly improving quality of service rendered by the men trained in its many departments.

O. M. Lawton was in San Diego at the Naval Hospital. Lieutenants Bartz and Belinky were on Corregidor in the Philippines. Lt. Asher Randell was transferred to the ordnance plant at Ravenna.

The treatment for pneumonia was still Sulfathiazole or specific anti-pneumococcus serum. A new vaccine for type A Influenza was in preparation. There were no antibiotics.

THIRTY YEARS AGO — OCTOBER, 1951

Dr. John Lazzeri of Cleveland addressed the Academy of General Practice on "The Care of the Patient with Advanced Cancer". Howard Mathay was President of the Academy.

The Medical Society was saddened by the death of Dr. F. F. Monroe. He was a beloved doctor and President Wenaas said that he represented the highest ideal of what a physician should be.

New members that month were W. T. Breesmen and Lewis Gasser. David R. Brody opened his office in the Home Savings and Loan Bldg. for the practice of surgery. C. E. Pichette became a fellow of the American College of Surgeons.

TWENTY YEARS AGO — OCTOBER, 1961

One hundred ninety persons turned out for the September meeting. The speaker was Marjorie Shearon, Washington Editor and legislative consultant, who gave a graphic account of the government attempts to nationalize medicine.

Citations of appreciation were given to Esther Hamilton of the Vindicator for her reporting of medical news, to John Moses of WKBN for his work on "Consultation" and to Mitchell Stanley of WFMJ for his work on "Diagnosis".

The radio program "Consultation" went on TV that month.

The Annual Post-Graduate Assembly in Canton presented twenty-five outstanding speakers from Cleveland, Columbus, Cincinnati, Chicago, and Miami. It stormed all night and high water kept some of us from making it to Canton.

Dr. Nick Nardacci died after 32 years in practice.

The Health Department reported 30 cases of gonorrhea, 8 of syphilis, no diphtheria, no poliomyelitis, 10 tuberculosis.

Dr. McGregor was negotiating with the Canfield Fair Board for the construction of a new building to house the medical exhibit.

TEN YEARS AGO — OCTOBER, 1971

President John Stotler wondered why we couldn't get members to come to the meetings, but their office girls turned out in full force for the Medical Assistant's Dinner.

Editor Felix Pesa devoted his editorial to the appreciation of the Youngstown Symphony which opened its season in September under the direction of Franz Bibo.

The October issue was filled with pictures taken of the new Medical Building during the Canfield Fair. The Society presented an exhibit on suturing, using pigs' feet as a specimen, and using a T.V. monitor so the crowds in the back could see as well as those in the front row. The exhibit was a big hit among the fair-goers.

Dr. John M. Russell passed away after 40 years of membership in the Medical Society. He graduated from Yale University School of Medicine in 1928, and he served as a Medical Officer under General MacArthur in New Guinea in World War II. He was one of the real "Family Doctors".

New officers elected to the Medical Dental Bureau were: Dr. John C. Tison, President; Dr. Armin Banez, Vice President; Dr. Melvin Fader, Secretary; Dr. David H. Levy, Treasurer; Dr. Leonad Caccamo, Trustee-Director. Other Trustee-Directors were: Dr. Lou Bloomberg, Dr. John Guju, Dr. Robert Morrison, and Dr. J. J. Sofanec.

The Society was gearing up for the celebration of the Centennial year coming up in 1972.

—Robert R. Fisher, M.D.

MEDICAL SOCIETY PLAQUE PRESENTATION HIGHLIGHTS ANNIVERSARY KICK-OFF

Presentation of a commemorative plaque to Youngstown Hospital Association by the Mahoning County Medical Society in an event Sept. 8th that marked the beginning of the YHA 100th Anniversary observance was the highlight of the day's event.

Held in the lobby of the South Side Unit of YHA, the plaque presentation ceremony got underway at 9:30 a.m. as master of ceremonies Dr. Edward A. Shorten introduced the personages present.

Richard J. Wingard, YHA president, welcomed the 100 or so guests. Dr. John Noll presented some reminiscences of days gone by, after which Mayor George Vukovich presented a proclamation lauding YHA on its 100th birthday.

Dr. Robert M. Kiskaddon, vice president of the Mahoning County Medical Society, then presented the plaque on behalf of the Society and noted the close cooperation between the physicians of the Society and the Youngstown Hospital Association.

Clarence J. Strouss, vice president of the YHA board of trustees and grandson of Isaac Strouss, a charter member of YHA's first board of trustees, made the acceptance speech.

The presentation of the commemorative plaque marked the beginning of a 100th Anniversary observance that will include a number of events during the coming months, culminating with a final event in January of 1983.

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—Dr. William Felts, Past President,
American Society of Internal Medicine



More and more physicians today are beginning to realize the extent of the economic influence they have, and are finding ways of holding costs down.

A number of studies show that the more physicians *know* about costs, the more they try to *reduce* them.* And this reduction can be done without reducing the quality of care to the patient.

How are they doing this? As a start they have become thoroughly familiar with the costs they incur on behalf of their patients. They know how much an X-ray costs, how much their hospital charges for routine lab tests. They're requesting copies of patients' hospital bills. And asking their hospitals to print the charges for diagnostic tests right on the order sheet.

What else are physicians doing? Minimizing their patients' hospital stays, whenever possible. Reevaluating routine admissions procedures. Questioning the real need of the diagnostic tests they order for their patients. Avoiding duplicate testing. Trying to discourage their patients' demands for unnecessary medication, treatment or hospitalization. Compiling daily logs of their medical decisions and what they cost. And more.

More physicians today realize what a tough problem we're all faced with. They know this is a challenge for medicine. And that physicians are in the best position to deal with and solve the problem.

*PATIENT CARE Magazine — Outlook 1972 "Face-Off: Cost Containment vs. Chase," January 1, 1977

Lyle CB, et al "Practice habits in a group of eight internists," ANNALS OF INTERNAL MEDICINE 84 (May 1976), 594-601

Schneider SA, et al "Use of laboratory tests and pharmaceuticals: variation among physicians and effect of cost audit on subsequent use," JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION 225 (Aug 20, 1973), 969-73



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MAY SEE MEDICAID MONEY LIST

Sometime ago the Department of Health and Human Services was prohibited by a Federal Court from issuing lists of physicians and amounts of money received under the Medicare Program.

The Ohio Attorney General in his opinion does not feel that the prohibition under the Medicare program carries over into the MEDICAID program.

It could be possible in the near future we will be again seeing names of physicians published in newspapers and the amounts of monies they have received under the Medicaid Program.

NOMINATING COMMITTEE ANNOUNCED

The Nominating Committee to select candidates for the election of 1982 officers was announced at the September meeting of the Mahoning County Medical Society. By constitution, the chairmen are Dr. B. Patrick Brucoli, immediate past president, and Dr. D. J. Dallis, president of the Society. The other members of the nominating committee are Dr. Rashid Abdu, Dr. C. Conner White, Dr. I. Harold Cheven and Dr. Simon W. Chaison.

The report of the Nominating Committee will be presented to the members of the Society at the November 17th meeting. The Committee is also charged with selection of the "Doctor of the Year" from names submitted prior to October 1. Election of officers will take place at the December 15 meeting of the Society.

ST. E'S TO HOST CANCER SYMPOSIUM

St. Elizabeth Hospital Medical Center is hosting its second annual Cancer Symposium on November 5. The symposium will be focusing on gynecological malignancies and will feature four nationally-known physicians and two nurses from major hospitals.

Fee for the symposium is \$30 for physicians and \$15 for residents, nurses and other allied health professionals.

The all-day event starts with registration at 8 a.m. and concludes with the final panel discussion at 4:45 p.m. Mail registration is advised.

The registration fee includes two coffee breaks and a luncheon. The program is accredited for six hours of Category I Credit for physicians and is accredited by the OAFP and ONA. Program director is Dr. Sudershan K. Garg.

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COURT HOLDS INDEMNITY CONTRACTS AS VALID

In the case of Magill vs Dr. Richard Murray, the Court of Appeals of the Ohio Seventh District has upheld (the opinion was dated Aug. 14, 1981) an earlier judgment by the Common Pleas Court of Mahoning County.

At issue was a release that was signed by Reita V. Magill, that stated as follows:

"I am aware of the risks, hazards and uncertainties connected with this type of surgery.

"In consideration of Dr. Richard D. Murray undertaking to perform such surgery upon me, I release Dr. Richard D. Murray, his heirs, executors, administrators, servants and employees from all claims, demands, actions, causes of action, and from all liability for injury, damage or loss of whatsoever kind, nature or description that may arise or be sustained by me while under the care of Dr. Richard D. Murray and this is to include anything which might arise from any act or omission of Dr. Richard D. Murray, including negligent acts or omissions."

According to the transcript of the Court's decision, Dr. Murray performed a breast reduction (mammoplasty) operation on Reita V. Magill. During the postoperative treatment of the surgical wounds, Mrs. Magill developed some infection in the area of the incisions. Mrs. Magill became dissatisfied with Dr. Murray's treatment of the infection and went to another physician.

Mrs. Magill subsequently was hospitalized and a second operation was performed to close an ulceration beneath the right breast.

At the order of the trial judge, a summary judgment was issued in favor of Dr. Murray.

The plaintiff then appealed on the grounds that the trial court committed reversible error by refusing to allow the plaintiff's counsel to present oral arguments on Dr. Murray's motion for summary judgment.

The Appeals Court ruled that oral hearing is not required on every motion for summary judgment, it is up to the trial court to decide whether to grant oral hearing on a motion.

The court ruled that unless otherwise provided by statute, contract of indemnity purporting to relieve one from the results of his own negligence are valid and do not contravene public policy.

CONTINUING MEDICAL EDUCATION

Schedule of programs for St. Elizabeth Hospital series of Family Medicine Grand Rounds conferences is:

October 23 — Gastroenterology "Esophageal Disorders", Wolf Silber, M.B. CH B. (UCT) F.R.C.S. (Edin), FACS, FACG, Associate Professor & principal surgeon, University of Cape Town and Groote Schuur Hospital Department of Surgery, Cape Town, South Africa.

October 30 — Medical Ethics/Philosophy "Definition of Death - Some historical and Philosophical Reflections", H. Tristram Engelhardt, M.D., PhD, Senior Research Scholar, Kennedy Institute of Ethics, Georgetown University, Washington, D.C.

November 6 — Psychiatry "Medical Aspects of Psychiatric Emergencies", David Gross, M.D., assistant clinical professor, Yale University Department of Psychiatry, Waterbury, CT.

November 13 — Hypertension "Clinical Approach to the Patient with Renal Disease", Marc Pohl, M.D., assistant clinical professor of Medicine, Case Western Reserve University School of Medicine, Cleveland, Ohio.

November 20 — Cardiology "Diagnosis and Treatment of Serious Ventricular Arrhythmias", Harry Hai, M.D., director of Cardiac/Arrhythmia Clinic, Northwestern Memorial Hospital, Chicago, Ill.

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TRANSFER OF RECORDS SHOULD BE FOR MEDICAL REASONS ONLY

The recent (Sept. 1981) issue of the *Bulletin* contained an article entitled "Should Transfer Records" reminding members of the Society of their ethical obligation to send records of their patients to other physicians. Since the Society has also sent out letters for the same purpose, I think it important to make a distinction between the requests of records for medical reasons and patient requests to transfer records for non-medical reasons.

In both cases a physician may be requesting records transfer but I would take a strong exception to the Society's view that it would be unethical to refuse to transfer records when the purpose of the transfer is to fulfill some social, legal, industrial, vocational, insurance, or business reason. All of the latter are "non-medical" purposes and may have no relevance to the "health" of the patient (health being defined in its strict sense).

It is time for AMA Medical Ethics to recognize that patients use their physicians for other than strictly medical reasons and that the physician-patient contract does not require the physicians' support of non-medical endeavors. When a patient expects to make a financial profit from his physician's reports, such as would occur in insurance or compensation benefits, or in legal claims, I can see no ethical reason which should constrain a charge to the patient. Today, there are many physicians who are employed by insurance companies, social and governmental agencies, industries, attorneys, etc., whose requests for another physician's data are not made for the purpose of treatment.

Consequently, I can see no ethical injunction to honor such requests automatically and perfunctorily, as a matter of the patient's right. Rather, each individual case should be evaluated separately and there should be no uniform obligation to transfer such records in all cases, as is stated by the article in the *Bulletin*.

LEONARD N. GREEN, M.D.

DR. JOHNSON IS EMERGENCY DIRECTOR

Dr. William R. Johnson has been named clinical director of emergency services at St. Elizabeth Hospital Medical Center.

He will be responsible for assisting physicians, nursing personnel and others in the day-to-day operation of emergency services.

Dr. Johnson received his undergraduate degree from Pennsylvania State University and was awarded his medical degree from Hahnemann Medical College, Philadelphia, in 1961.

He served his internship and internal medicine residency at St. Elizabeth Hospital Medical Center and was appointed to the clinical staff in 1965.

Currently, Dr. Johnson is serving as assistant director of the department of internal medicine at St. Elizabeth Hospital and is an assistant professor of internal medicine at Northeastern Ohio Universities College of Medicine. Additionally, he is a member of the board of directors of the College of Science at Pennsylvania State University.

Certified by the American Board of Internal Medicine, Dr. Johnson is a member of the Mahoning County Medical Society, Ohio Medical Association and American Medical Association. He is also a member of the National Association for the Advancement of Colored People (NAACP) and the Urban League.

IS NAMED TO DIALYSIS SERVICE POST

Dr. Chester A. Amedia Jr. has joined St. Elizabeth Hospital Medical Center's clinical staff as associate director of dialysis services.



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Indications and Usage: Ceflor® (cefalor, Lilly) is indicated in the treatment of the following infections when caused by susceptible strains of the designated microorganisms.

Lower respiratory infections, including pneumonia caused by *Streptococcus pneumoniae* (*Diplococcus pneumoniae*), *Haemophilus influenzae*, and *S. pyogenes* (group A beta-hemolytic streptococcus).

Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to Ceflor.

Contraindication: Ceflor is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

Warnings: IN PENICILLIN-SENSITIVE PATIENTS, CEPHALOSPORIN ANTIBIOTICS SHOULD BE ADMINISTERED CAUTIOUSLY. THERE IS CLINICAL AND LABORATORY EVIDENCE OF PARTIAL CROSS-ALLERGICITY OF THE PENICILLINS AND THE CEPHALOSPORINS, AND THERE ARE INSTANCES IN WHICH PATIENTS HAVE HAD REACTIONS TO BOTH DRUG CLASSES (INCLUDING ANAPHYLAXIS AFTER PARENTERAL USE).

Antibiotics, including Ceflor, should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to drugs.

Precautions: If an allergic reaction to cefalor occurs, the drug should be discontinued, and, if necessary, the patient should be treated with appropriate agents, e.g., pressor amines, antihistamines, or corticosteroids.

Prolonged use of cefalor may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

Positive direct Coombs tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antioglobulin tests are performed on the minor side or in Coombs testing of newborns whose mothers have received cephalosporin antibiotics before delivery, it should be recognized that a positive Coombs test may be due to the drug.

Ceflor should be administered with caution in the presence of markedly impaired renal function. Under such a condition, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended.

As a result of administration of Ceflor, a false-positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with Clinistix® tablets but not with Tes-Tape® (Glucose Enzymatic Test Strip, USP, Lilly).

Usage in Pregnancy:—Although no teratogenic or antifertility effects were seen in reproduction studies in mice and rats receiving up to 12 times the maximum human dose or in fetuses given three times the maximum human dose, the safety of this drug for use in human pregnancy has not been established. The benefits of the drug in pregnant women should be weighed against a possible risk to the fetus.

Usage in Infancy:—Safety of this product for use in infants less than one month of age has not been established.

Adverse Reactions: Adverse effects considered related to cefalor therapy are uncommon and are listed below:

Gastrointestinal symptoms occur in about 2.5 percent of patients and include diarrhea (1 in 70) and nausea and vomiting (1 in 90).

Hypersensitivity reactions have been reported in about 1.5 percent of patients and include morbilliform eruptions (1 in 100), Pruritus, urticaria, and positive Coombs tests each occur in less than 1 in 200 patients.

Cases of serum-sickness-like reactions, including the above skin manifestations, fever, and arthralgia/arthritis, have been reported. Anaphylaxis has also been reported.

Other effects considered related to therapy included eosinophilia (1 in 50 patients) and genital pruritus or vaginitis (less than 1 in 100 patients).

Causal Relationship Uncertain:—Transient abnormalities in clinical laboratory test results have been reported. Although they were of uncertain etiology, they are listed below to serve as alerting information for the physician.

Hepatic:—Slight elevations in SGOT, SGPT, or alkaline phosphatase values (1 in 40).

Hematopoietic:—Transient fluctuations in leukocyte count, predominantly lymphocytosis occurring in infants and young children (1 in 40).

Renal:—Slight elevations in BUN or serum creatinine (less than 1 in 500) or abnormal urinalysis (less than 1 in 200).

[continued]

*Many authorities attribute acute infectious exacerbation of chronic bronchitis to either *S. pneumoniae* or *H. influenzae*.

Note: Ceflor is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

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Additional information available to the profession on request from
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